

STATE OF MONTANA

APPLICATION *for* REGISTRATION *or* RENEWAL *of* LIMITED LIABILITY PARTNERSHIP

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*



Prepare, sign, submit with an original signature and filing fee.

This is the minimum information required.

(This space for Secretary of State use only)

Filing Fee: \$20.00

☐ **Priority Filing Fee Add \$20.00**

PLEASE CHECK ONE BOX:

- ☐ Registration of LLP (30-13-202, MCA) \$20.00
☐ Renewal of LLP (30-13-206, MCA) \$20.00

1. The Limited Liability Partnership name is (must include "Limited Liability Partnership", "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP")

2. Description of the business transacted:

3. The address of LLP is:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. List the names and addresses of all the partners: _____

(At least two partners must be listed. For additional names, attach a separate sheet of paper.)

I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true. (For registration of foreign LLP's.) I further appoint the Montana Secretary of State to serve as the Montana agent for service of process for the above identified LLP.

Date of Application

Signature of Applicant

Application for Registration or Renewal of LLP

HELP SHEET

You may request priority filing of your document. Simply mark the "priority filing" box and include an additional \$20.00 with your filing fee. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.

Please type or clearly print the requested information.

Item 1

When listing the name to be registered, please type or print clearly, emphasizing the spaces in the name, especially between initials.

The business name of a LLP must include terminology to indicate its limited liability status such as "Limited Liability Partnership" or "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP".

Item 3

If mailing address changes, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.

Upon completion, mail this form with an ORIGINAL SIGNATURE and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801. **Make checks payable to Secretary of State.**

The Secretary of State will send an acknowledgement letter once your document has been filed with our office.

Registration of a Limited Liability Partnership needs to be renewed every five years. (30-13-206, MCA)

If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**